



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live.

Frank O'Bannon
Governor

Lori F. Kaplan
Commissioner

September 10, 2003

100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
(317) 232-8603
(800) 451-6027
www.in.gov/idem

TO: Interested Parties / Applicant

RE: Graphic Packaging / 113-18013-00022

FROM: Paul Dubenetzky
Chief, Permits Branch
Office of Air Quality

Notice of Decision – Approval

Please be advised that on behalf of the Commissioner of the Department of Environmental Management, I have issued a decision regarding the enclosed matter. Pursuant to 326 IAC 2, this approval was effective immediately upon submittal of the application.

If you wish to challenge this decision, IC 4-21.5-3-7 requires that you file a petition for administrative review. This petition may include a request for stay of effectiveness and must be submitted to the Office of Environmental Adjudication, ISTA Building, 150 W. Market Street, Suite 618, Indianapolis, IN 46204, **within eighteen (18) calendar days from the mailing of this notice**. The filing of a petition for administrative review is complete on the earliest of the following dates that apply to the filing:

- (1) the date the document is delivered to the Office of Environmental Adjudication (OEA);
- (2) the date of the postmark on the envelope containing the document, if the document is mailed to OEA by U.S. mail; or
- (3) The date on which the document is deposited with a private carrier, as shown by receipt issued by the carrier, if the document is sent to the OEA by private carrier.

The petition must include facts demonstrating that you are either the applicant, a person aggrieved or adversely affected by the decision or otherwise entitled to review by law. Please identify the permit, decision, or other order for which you seek review by permit number, name of the applicant, location, date of this notice and all of the following:

- (1) the name and address of the person making the request;
- (2) the interest of the person making the request;
- (3) identification of any persons represented by the person making the request;
- (4) the reasons, with particularity, for the request;
- (5) the issues, with particularity, proposed for considerations at any hearing; and
- (6) identification of the terms and conditions which, in the judgment of the person making the request, would be appropriate in the case in question to satisfy the requirements of the law governing documents of the type issued by the Commissioner.

If you have technical questions regarding the enclosed documents, please contact the Office of Air Quality, Permits Branch at (317) 233-0178. Callers from within Indiana may call toll-free at 1-800-451-6027, ext. 3-0178.

Enclosures
FNPER-AM.dot 8/11/03

September 10, 2003

Mr. Ken Henry
Graphic Packaging International, Inc.
301 South Progress Drive East
Kendallville, Indiana 46755

Re: 113-18013-00022
First Administrative Amendment to
FESOP F113-14980-00022

Dear Mr. Henry:

Graphic Packaging Corporation was issued a FESOP permit on May 23, 2003 for a stationary paperboard folding carton operation. A letter requesting a change in Ownership and Operating Name was received on August 11, 2003. Pursuant to the provisions of 326 IAC 2-8-10(a)(4) the permit is hereby administratively amended as follows:

Effective August 8, 2003 Graphic Packaging Corporation entered into a merger with Riverwood International Corporation with Riverwood becoming the surviving entity. On August 8, 2003 the Kendallville facility will be owned by Graphic Packaging International, Inc., (a combined company name). The environmental reporting will become the responsibility of Graphic Packaging International, Inc. The Authorized Individual remains as the Plant Manager. The Plant Manager position meets the requirements of 326 IAC 2-1.1-1(1) as an Authorized Individual. The above changes will not change any operating practices that would impact the environmental permit.

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment and the following revised permit pages to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, and ask for Gary Freeman or extension (3-5334), or dial (317) 233-5334.

Sincerely,
Original signed by
Paul Dubenetzky, Chief
Permits Branch
Office of Air Quality

Attachments: Updated Pages
PD/gkf

cc: File -Noble County
Noble County Health Department
Air Compliance Section Inspector - Doyle Houser
Compliance Data Section -Karen Ampil
IDEM Northern Regional Office
Air Programs - Chet Bohannon
Permit Review Section 1 - Gary Freeman
Cynthia Bymaster - Permit Application 113-17841



Governor

Lori F. Kaplan
Commissioner

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live.

100 North Senate Avenue
P. O. Box 6015
Indianapolis, Indiana 46206-

6015

(317) 232-8603
(800) 451-6027
www.state.in.us/idem

FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP) RENEWAL OFFICE OF AIR QUALITY

**Graphic Packaging International, Inc.
301 South Progress Drive East
Kendallville, Indiana 46755**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-8 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: F113-14980-00022	
Issued by: Original signed by Paul Dubenetzky Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: May 23, 2003 Expiration Date: May 23, 2008

First Administrative Amendment: 113-18013-00022	Pages Affected: 25, 26, 27, 28, 29, 30, 31 and 32
Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: September 10, 2003

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live.

Frank O'Bannon
Governor

Lori F. Kaplan
Commissioner

6015

100 North Senate Avenue
P. O. Box 6015
Indianapolis, Indiana 46206-

(317) 232-8603
(800) 451-6027
www.state.in.us/ide

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
CERTIFICATION**

Source Name: Graphic Packaging International, Inc.
Source Address: 301 South Progress Drive East, Kendallville, IN 46755
Mailing Address: 301 South Progress Drive East, Kendallville, IN 46755
FESOP No.: 113-14980-00022

**This certification shall be included when submitting monitoring, testing reports/results
or other documents as required by this permit.**

Please check what document is being certified:

- 9 Annual Compliance Certification Letter
- 9 Test Result (specify) _____
- 9 Report (specify) _____
- 9 Notification (specify) _____
- 9 Affidavit (specify) _____
- 9 Other (specify) _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE BRANCH
P.O. Box 6015
100 North Senate Avenue
Indianapolis, Indiana 46206-6015
Phone: 317-233-5674
Fax: 317-233-5967**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
EMERGENCY OCCURRENCE REPORT**

Source Name: Graphic Packaging International, Inc.
Source Address: 301 South Progress Drive East, Kendallville, IN 46755
Mailing Address: 301 South Progress Drive East, Kendallville, IN 46755
FESOP No.: 113-14980-00022

This form consists of 2 pages

Page 1 of 2

9 This is an emergency as defined in 326 IAC 2-7-1(12)
(The Permittee must notify the Office of Air Quality (OAQ), within four (4) business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and
(The Permittee must submit notice in writing or by facsimile within two (2) days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency:

Describe the cause of the Emergency:

If any of the following are not applicable, mark N/A

Page 2 of 2

Date/Time Emergency started:
Date/Time Emergency was corrected:
Was the facility being properly operated at the time of the emergency? Y N Describe:
Type of Pollutants Emitted: TSP, PM-10, SO ₂ , VOC, NO _x , CO, Pb, other:
Estimated amount of pollutant(s) emitted during emergency:
Describe the steps taken to mitigate the problem:
Describe the corrective actions/response steps taken:
Describe the measures taken to minimize emissions:
If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by: _____
Title / Position: _____
Date: _____
Phone: _____

A certification is not required for this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

FESOP Quarterly Report

Source Name: Graphic Packaging International, Inc.
Source Address: 301 South Progress Drive East, Kendallville, IN 46755
Mailing Address: 301 South Progress Drive East, Kendallville, IN 46755
FESOP No.: 113-14980-00022
Facility: Four (4) UV-cured lithographic printing presses, identified as P001, P002, P003, and P004, each with an in-line flexographic coating unit which utilizes lithographic inks and acrylic coatings.
Parameter: VOC
Limit: The input of VOC to the four (4) printing presses, including the in-line flexographic coating units and the associated clean up activities shall not exceed 98.4 tons per twelve (12) consecutive month period, with compliance determined at the end of each month. For clean up solvents with a composite vapor pressure less than 10mm Hg, measured at 20 degrees C, a 50% VOC and HAP emission factor shall be used.

YEAR: _____

Month	Column 1	Column 2	Column 1 + Column 2
	VOC Usage This Month	VOC Usage Previous 11 Months	VOC Usage 12 Month Total
Month 1			
Month 2			
Month 3			

- 9 No deviation occurred in this quarter.
- 9 Deviation/s occurred in this quarter.
Deviation has been reported on: _____

Graphic Packaging International, Inc.
Kendallville, Indiana
Permit Reviewer: LQ/EVP

First Administrative Amendment 113-18013
Amended by: Gary Freeman

Page 29 of 32
OP No. F113-14980-00022

Submitted by: _____
Title / Position: _____
Signature: _____
Date: _____
Phone: _____

Attach a signed certification to complete this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

FESOP Quarterly Report

Source Name: Graphic Packaging International, Inc.
Source Address: 301 South Progress Drive East, Kendallville, IN 46755
Mailing Address: 301 South Progress Drive East, Kendallville, IN 46755
FESOP No.: 113-14980-00022
Facility: Four (4) UV-cured lithographic printing presses, identified as P001, P002, P003, and P004.
Parameter: VOC
Limit: The input of VOC to each of the four (4) lithographic printing presses and associated clean up activities shall be limited to 25 tons per twelve (12) consecutive month period, with compliance determined at the end of each month. For clean up solvents with a composite vapor pressure less than 10mm Hg, measured at 20 degrees C, a 50% VOC and HAP emission factor shall be used.

YEAR: _____

Month	Column 1	Column 2	Column 1 + Column 2
	VOC Usage This Month	VOC Usage Previous 11 Months	VOC Usage 12 Month Total
Month 1			
Month 2			
Month 3			

9 No deviation occurred in this quarter.

9 Deviation/s occurred in this quarter.

Deviation has been reported on: _____

Submitted by: _____
Title / Position: _____
Signature: _____
Date: _____

Phone: _____

Attach a signed certification to complete this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

FESOP Quarterly Report

Source Name: Graphic Packaging International, Inc.
Source Address: 301 South Progress Drive East, Kendallville, IN 46755
Mailing Address: 301 South Progress Drive East, Kendallville, IN 46755
FESOP No.: 113-14980-00022
Facility: four (4) printing presses and associated clean up activities
Parameter: Single HAP and Total HAPs
Limit: Emissions of HAPs from the shall be limited as follows:

- (a) The input of any single HAP to the four (4) printing presses, including in-line flexographic coating units, and the associated clean up activities shall be limited to 9.9 tons per twelve (12) consecutive month period, with compliance determined at the end of each month. This will limit single HAP emissions to less than ten (10) tons per twelve (12) consecutive month period. For clean up solvents with a composite vapor pressure less than 10mm Hg, measured at 20 degrees C, a 50% VOC and HAP emission factor shall be used.
- (b) The input of any combination of HAPs to the four (4) printing presses, including in-line flexographic coating units, and the associated clean up activities shall be limited to 24.9 tons per twelve (12) consecutive month period, with compliance determined at the end of each month. This will limit total HAP emissions to less than twenty-five (25) tons per twelve (12) consecutive month period. For clean up solvents with a composite vapor pressure less than 10mm Hg, measured at 20 degrees C, a 50% VOC and HAP emission factor shall be used.

YEAR: _____

Month	Column 1	Column 2	Column 1 + Column 2	Column 3	Column 4	Column 3 + Column 4
	Single HAP This Month	Single HAP Previous 11 Months	Single HAP 12 Month Total	Combined HAPs This Month	Combined HAPs Previous 11 Months	Combined HAPs 12 Month Total
Month 1						
Month 2						
Month 3						

9 No deviation occurred in this quarter.

9 Deviation/s occurred in this quarter.
Deviation has been reported on: _____
Submitted by: _____
Title / Position: _____
Signature: _____
Date: _____
Phone: _____

Attach a signed certification to complete this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**FEDERALLY ENFORCEABLE STATE OPERATING PERMIT (FESOP)
QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

Source Name: Graphic Packaging International, Inc.
Source Address: 301 South Progress Drive East, Kendallville, IN 46755
Mailing Address: 301 South Progress Drive East, Kendallville, IN 46755
FESOP No.: 113-14980-00022

Months: _____ to _____ Year: _____

Page 1 of 2

This report shall be submitted quarterly based on a calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. Deviations that are required to be reported by an applicable requirement shall be reported according to the schedule stated in the applicable requirement and do not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.

9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Permit Requirement (specify permit condition #)

Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	

Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	

Form Completed By: _____

Title/Position: _____

Date: _____

Phone: _____

Attach a signed certification to complete this report.